GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:605
ANSWERED ON:18.11.2016
Neglected Tropical Diseases
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India has high prevalence of tropical and vector-borne diseases, and
if so, the details thereof and the reasons therefor;

(b) whether any study has been conducted by World Health Organisation (WHO) in this regard;

(c) if so, the details thereof; and

(d) the details of the measures taken/ proposed to be taken by the Government to deal with such neglected tropical diseases?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): Yes , Dengue is endemic in 35 States/UTs in the country. Chikungunya in 30 States/UTs in country. The number of dengue cases and deaths and clinically suspected Chikungunya cases in the country as reported by the States/UTs during last three years and current year are at Annexure-I and Annexure-II.

The reasons for the prevalence of Dengue and Chikungunya in the country are rampant due to unplanned urbanization, population migration, unregulated construction activities, inadequate provisions and implementation of civil and building bye-laws for preventing mosquitogenic conditions.

Kala-azar is endemic in 33 districts of Bihar, 4 districts of Jharkhand, 11 districts of West Bengal and sporadic cases from 6 districts of eastern Uttar Pradesh.

Lymphatic Filariasis is endemic in 256 districts. The details of clinical/manifested cases like lymphoedema and Hydrocele reported by the states/UTs in last three years are at Annexure-III.

(b) & (c) No such information is available in the concerned Directorate of the Ministry.

(d): Dengue & Chikungunya:
Government of India (GOI) has taken the following measures for prevention and control of Dengue & Chikungunya in the country during 2016:
o GOI provides Technical Guidelines to the States for prevention and control of dengue, including clinical management of dengue and Chikungunya.
o Periodic reviews are done at the level of Hon'ble HFM, Secretary, (H&FW) and DGHS. Since January, 2016, a total number of 22 review meetings have been held by HFM, Secretary (H&FW), Additional Secretary, DGHS and Spl DGHS with functionaries of different States/UTs.
o Periodic advisories have been issued from time to time for prevention and control of Dengue and Chikungunya. 12 advisories have been issued at the levels of Secretary (H&FW) and Addl. Secretary (H&FW) to all concerned for taking timely action for prevention & control of Dengue in their respective States/UTs.
o States have been requested to declare Dengue as notifiable disease by MOHFW vide letter No.7-165/2016/NVBDCP/DEN dated 9th June 2016 and the same has been uploaded on the National Vector Borne Disease Control Programme (NVBDCP) website for taking action accordingly by all the states and UTs.
o First version draft of 'Strategy and Plan of action for Effective Community Participation for Prevention and Control of Dengue' has been uploaded on the NVBDCP website on 15th June, 2016.
o Focused IEC/BCC activities are carried out at National and State level with media mix strategies focusing on source reduction and personal protective measures.
? A user friendly Dengue App "India Fights Dengue" has been launched by HFM, on 7th April, 2016.
? 'National Dengue Day' has been observed on 16th May 2016 throughout the country.

o Dengue & Chikungunya diagnosis is provided through 542 Sentinel Surveillance Hospitals (SSHs) and 15 Apex Referral laboratories (ARLs) across the country.
o Accredited Social Health Activists (ASHAs) are also involved in source reduction activities for dengue prevention and control.

o Periodic field visits were made by NVBDCP Officials to States/UTs for review and to provide technical guidance for prevention and control of Dengue & Chikungunya.
Kala-azar:
The effective and preventive measures are as under:
o Interruption of transmission through vector control by Indoor Residual Spray in the affected area.
o Early diagnosis & complete treatment through Primay Health Care System is in place.
o Health Educaiton and Community Participation.

Besides these the following initiative are also taken:

o Kala-azar eliminaiton is being reviewed at highest level by PMO, Union Health Minister & by Senior officers of Ministry of Health & Family Welfare.
o National Road Map on Kala-azar Elimination with defined time line has been developed and programme is adhering to it.
o Treatment with single day single dose Ambisome Injection to Kala-azar patient has been introduced which has improved treatment complianc close to 94-96%.
o NITI Aayog has provisioned Rs. 20.00 crore to endemic states for strengthing Kala-azar implementation activities.
o Incentive to patients & honorarium to ASHA.
o Rs. 500/- as incentive to Patient for loss of wages irrespective of drug regimen and Rs. 2,000/- to PKDL cases
o Similarly, Govt of Bihar has provisioned Rs. 6,600/- under Bihar Chief Ministers Kala-azar Relief Funds.
o Strengthening of human resource component by involving development partners for supervised monitoring.
o Ensuring supply of drugs & Diagnostic Kits.
o IEC/BCC for community awareness & social mobilization.
o Expansion of Synthetic Pyrethorid insecticide for indoor residual spray in all 54 districts during 2017.
o Programme is focusing 151 identified villages (hand core) reports more than 5 cases.
Lymphatic Filariasis:

Measures taken/proposed to be taken by the Government for elimination of Lymphatic Filariasis are as under:
o The disease has been targeted for elimination by reducing microfilaria rate at community level in endemic districts.
o The campaign for elimination was launched in 2004 by Government of India. Following supports are provided to states/UTs:
o Financial support to States/UTs.
o Technical support to states through guidelines, field visits and supportive supervision.
o Strengthening of capacity building of states/districts and PHC.
o Strengthening of IEC/BCC through prototype, TV/Radio spot and its telecast/broadcast.
o Identification of Nodal officers for supportive supervision